Petition for Declaratory Order Board of Medical Examiners

The process for requesting a Declaratory Order is governed by T.C.A. §§4-5-223, 224 and 225. For this to be considered an actionable Petition for Declaratory Order you must provide all the information requested below and sign, and deliver the petition to the administrative office of your licensing board.

NOTE: Failure to provide the information required in paragraphs 1, 3, 4, 5, 6, and 7 below will invalidate the petition.

1.	Petitioner's Name:			
	Address:			
	Telephone Number: ()			
2.	Petitioner's Attorney's Name:			
	Address:			
	Telephone Number: ()			
3.	Organization, if any, that the Petitioner Represents:			
	Organization Name:			
	Address:			
	Telephone Number: ()			
4.	Provide a statement of the facts which led to the filing of this petition. Include all facts you believe necessary for the agency to make a decision in this matter:			

5.		f the relief you are requesting incions you would like the agency to		
6.	Provide the citation(s) to the statute, rule or order whic	h is the subject of the petition:	
7.	State how the statute, result upon you:	rule and/or order cited above spe	cifically and directly produces an	n effect or
		Signature		Date
Ma	ail or Deliver to:	Administrator Board of Medical Examin 665 Mainstream Drive	ers	

Nashville, TN 37243